



# HAMILTON COUNTY

## Community Health Improvement Plan 2018-2020



PREVENT. PROMOTE. PROTECT.



JUNE 2018



## MISSION

Hamilton County Public Health educates, serves and protects our community for a healthier future.

## VISION

Healthy choices. Healthy lives. Healthy communities.

## HAMILTON COUNTY PUBLIC HEALTH (HCPH)

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# EXECUTIVE SUMMARY

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Every three years, Hamilton County Public Health (HCPH) collaborates with the local hospital systems, public health agencies, and community partners in a health assessment and planning process for the purpose of improving the health, safety, and vitality for everyone in Hamilton County.

The 2018-2020 HCPH Community Health Improvement Plan has been created to address priority issues identified in the Community Health Needs Assessment for Hamilton County (2016), as well as alignment to the Ohio State Health Improvement Plan (2017-2019), and HCPH Strategic Plan (2017-2022). Goals, objectives, and strategies are outlined within this document. The purpose of this plan is to set priorities, coordinate and align resources, and establish accountability to ensure that measurable health improvements are made.

The following priority health issues will be addressed as part of the community health improvement plan in order to impact the priority health outcomes of obesity, heart disease, infant mortality, pre-term births, low birth weight births, suicide, overdose deaths, and infectious disease:

- Chronic Disease and Obesity
- Maternal, Infant, and Child Health
- Mental Health and Addiction
- Oral Health



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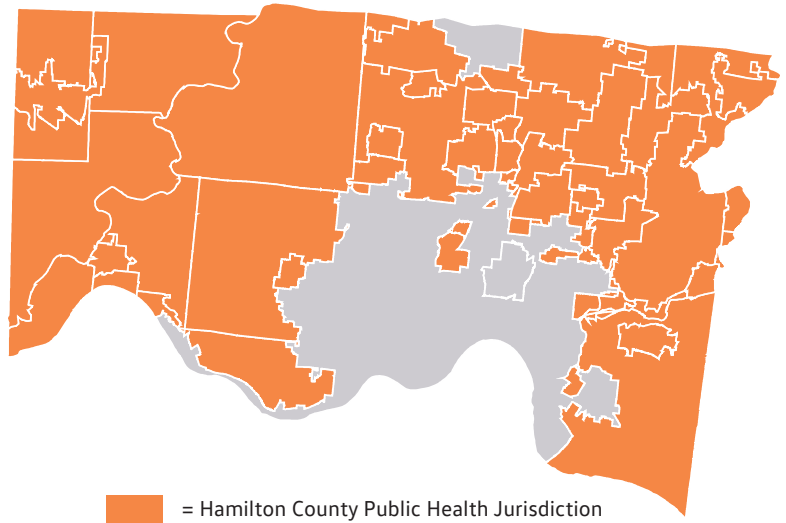
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# BACKGROUND

Hamilton County Public Health (HCPH) is a local health department in Southwest Ohio that was established in 1919. HCPH serves more than 475,000 people living outside of the cities of Cincinnati, Norwood, and Springdale, shown in Figure 1. Through its 100 member team, it addresses the well-being of Hamilton County residents through a community-focused approach, the monitoring of health and disease trends, health care coordination, inspections, education, and by helping communities to cope with disease prevention and emergencies. In March 2017, HCPH was the first health department in Southwest Ohio to become a nationally accredited health department by the Public Health Accreditation Board.

Figure 1: Hamilton County Public Health Jurisdictions



	Hamilton County Public Health Jurisdictions	Hamilton County	Ohio
Per Capita Income	\$12,019 - \$112,391	\$31,303	\$27,800
Poverty	1.9% - 41.8%	17.88%	15.4%
Child Poverty	0% - 60.8%	26.1%	22.1%
Educational Attainment			
Less than High School Graduate	0.4% - 27.9%	9.9%	10.5%
High School Graduate (Or Equivalent)	3.1% - 56.3%	27.0%	33.8%
Bachelor's Degree or Higher	4.9% - 88.1%	35.6%	26.77%
Uninsured	1.1% - 17.9%	8.3%	8.5%
Unemployed	2.0% - 29.4%	7.9%	7.2%
Average Life Expectancy	69 - 87 Years	77 Years	77 Years
Source: 2016			

The demographics of the communities served by Hamilton County Public Health are varied. Populations range from small villages with 745 residents to large townships with over 50,000 residents. More importantly, there are wide-ranging difference in health indicators, as shown in Table 1. Place Matters. Health is influenced not only by the choices we make, but also by where we live, learn, work and play. This understanding informed the approach used by HCPH as it developed the Community Health Improvement Plan.

## PHAB STANDARDS AND REQUIREMENTS

The 2018-2020 HCPH Community Health Improvement Plan was developed through a process that meets all Public Health Accreditation Board (PHAB) Standards for public health department accreditation and reaccreditation.

### ***Standard 5.2: Conduct a comprehensive planning process resulting in a community health improvement plan***

Requirements:

- Community priorities for action.
- The desired measurable outcomes or indicators of the health improvement effort and priorities for action.
- Consideration of addressing social determinants of health, causes of higher health risks, and poorer health outcomes, and health inequities.
- Plans for policy and systems-level changes needed to alleviate the identified causes of health inequity. Policy changes may address social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, access to recreational opportunities, and zoning.
- Designation of individuals and organizations that have accepted responsibility for implementing strategies outlined in the community health improvement plan.
- Consideration of national and state health improvement priorities.

# COMMUNITY HEALTH IMPROVEMENT PLAN TIMELINE

## FEBRUARY 2017 - JUNE 2017

Several plans and data sources were carefully reviewed to help with determining the four priority health focus areas including:

- 2017-2022 HCPH Strategic Plan
- Ohio 2017-2019 State Health Improvement Plan
- Community Health Needs Assessment (2016) for Hamilton County
- Does Place Matter?: Health Equity in Hamilton County (2015)
- Primary and secondary data sources (i.e. vital statistics, surveys)

## JUNE 2017 - JULY 2017

An assessment of agency programs and services was conducted to determine internal assets and opportunities relating to the four priority health focus areas. Information collected included:

- Division and/or program name
- Brief description of the strategy
- Performance metrics and data collected
- Cross-cutting factors addressed by the strategy
- How the strategy is funded
- Primary staff contact

## NOVEMBER 2017 - MARCH 2018

Sub-committees were formed around the four priority health focus areas to develop goals, objectives, and strategies that align with the Ohio State Health Improvement Plan, HCPH Strategic Plan, and various health initiatives. Feedback received from partner agencies was incorporated into the CHIP.

## FEBRUARY 2018 - MAY 2018

CHIP goals, objectives, and strategies were presented to the following groups for approval:

- Community Health Improvement Plan Quality Improvement Workgroup - 2/13/2018
- HCPH Administrative Review - 2/27/2018
- Performance Management Council - 3/6/2018
- HCPH Board of Health - 4/9/2018
- Public Health Advisory Council - 5/23/2018

## JULY 2018

Implementation of the 2018-2020 CHIP began.

# COMMUNITY HEALTH NEEDS ASSESSMENT

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As part of the Patient Protection and Affordable Care Act (2010), non-profit hospitals were required to file a community health needs assessment (CHNA) with the Internal Revenue Service every three years to determine how best to distribute community benefit dollars and meet the needs of the communities they serve. Rather than producing separate, disjointed reports, local hospitals in the Greater Cincinnati area joined Hamilton County Public Health, other local health departments, and community-serving organizations to identify the region's most pressing health needs. This coordinated approach to the CHNA provided efficient collection of county-level health data and common grounds as hospital and health departments consider the needs of their respective communities. The report, *A.I.M for Better Health: A Regional Community Health Needs Assessment for Southwest Ohio and Southeast Indiana*, was developed in 2012. Results of the 2012 CHNA specific to Hamilton County cited a "sickness mindset" that does not place enough emphasis on wellness and prevention. Service providers indicated improvements in prevention services were critical for improving the health of residents; however, a change in mindset from "culture of sick care" to "culture of wellness" is also necessary to make significant changes in health. The CHNA was repeated in 2016. Priorities identified for Hamilton County were:

- Health Inequity
- Substance abuse
- Obesity
- Mental Health
- Infant Mortality
- Diabetes
- Social Determinants of Health
- Systemic Health-Related Factors
- Healthy Behaviors
- Heart Disease
- Smoking

As a supplement to the CHNA, Hamilton County Public Health took a deep dive into determinants that drive health inequities in Hamilton County. A report was issued with assessment findings in late 2015 called, *Does Place Matter? Health Equity in Hamilton County*. Among the indicators highlighted were:

- Population Characteristics
- Poverty
- Educational Attainment
- Unemployment Status
- Uninsured Status
- Concentrated Disadvantage
- Racial Residential Segregation
- Life Expectancy

Moreover, community-specific community health assessments (CHAs) are developed through the agency's WeTHRIVE!<sup>SM</sup> initiative and presented to communities that are made up of various data points that address:

- Social & Community Context
- Educational Attainment
- Economic Stability
- Neighborhood & Build Environment
- Health Care
- Health Outcomes

A community environmental asset and opportunity audit is conducted to highlight existing strengths, as well as areas for potential intervention. Community input is crucial to the assessment process. A one-question survey is administered through multiple mediums to gather an understanding of what the community sees as the biggest obstacles to creating a healthy community. The survey asks: "In your opinion, what are the most important issues that affect the health, safety, and well-being of the community?" All data is compiled and analyzed. Recommendations are made based on findings and linked back to evidence-based and culturally appropriate strategies to address the areas identified for improvement.



# PRIORITY AREA ALIGNMENT

In addition to the Community Health Needs Assessment, Hamilton County Public Health’s Community Health Improvement Plan is aligned to the Ohio State Health Improvement Plan and the Hamilton County Public Health strategic plan.

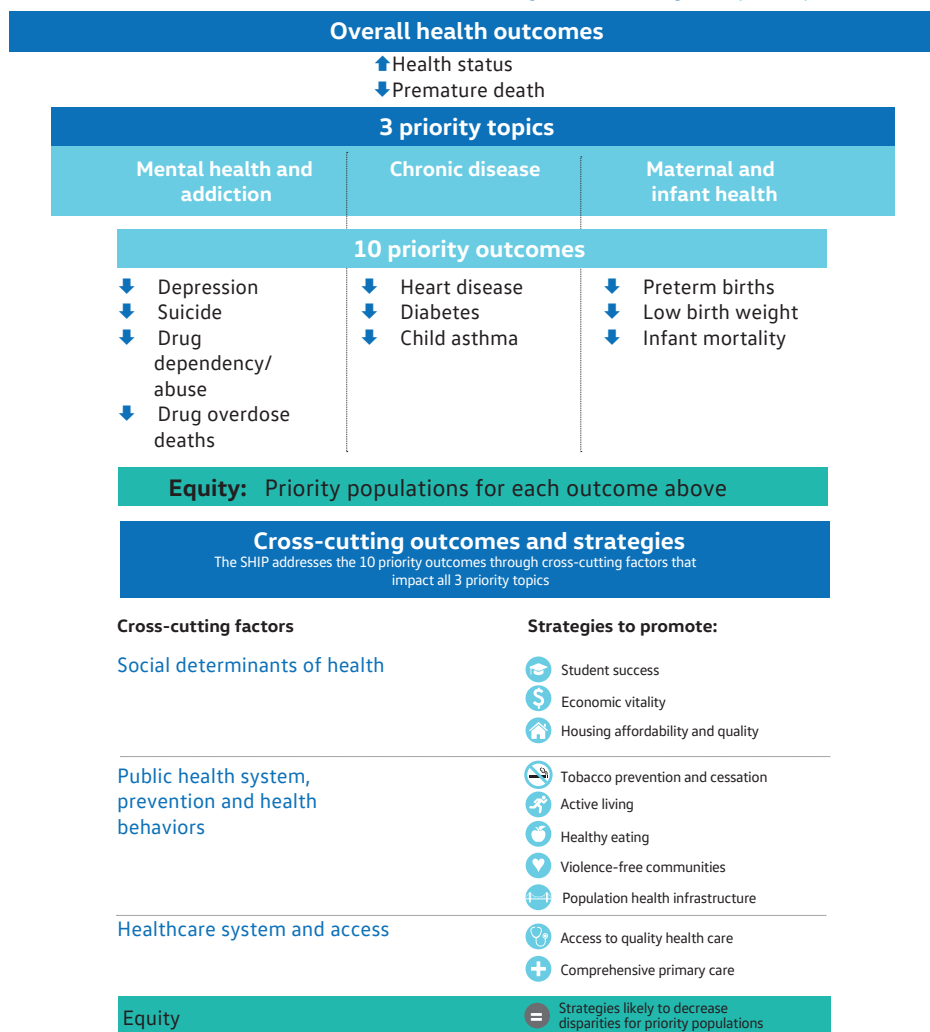
## STATE HEALTH IMPROVEMENT PLAN

The State of Ohio released its 2017-2019 State Health Improvement Plan (SHIP) in May 2017. The SHIP drives a more efficient and effective allocation of resources towards measurable improvements on a number of health outcomes by focusing on three priority topics:

- **Mental health and addiction:** Includes emotional wellbeing, mental illness conditions and substance abuse disorders.
- **Chronic disease:** Includes conditions such as diabetes, heart disease, asthma, and related clinical risk factors (obesity, hypertension, and high cholesterol). This also includes behaviors closely associated with these conditions and risk factors, such as nutrition, physical activity, and tobacco use.
- **Maternal and infant health:** Includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts.

The SHIP’s three priority topics are key drivers of premature death, poor health status, and unsustainable health care spending. State health assessment findings indicated that chronic disease, addiction, and mental health are serious concerns across all areas of the state. Maternal and infant health was a widespread concern throughout the state, although it may be a higher priority in urban communities with large racial disparities in infant mortality.

### Ohio 2017-2019 state health improvement plan (SHIP)



The SHIP includes outcome indicators and evidence-based strategies for each cross-cutting factor.

# HAMILTON COUNTY PUBLIC HEALTH STRATEGIC PLAN

In 2016, Hamilton County Public Health engaged the Board of Health, management, staff, and community stakeholders in a strategic planning process to address internal and external issues and influences on the ability of HCPH to provide quality programs and service delivery to address health outcomes for citizens and communities in HCPH’s service area over the next five years.

The 2017-2022 Hamilton County Public Health Strategic Plan identified the following priorities:

- Mental health
- Substance abuse
- Obesity
- Dental health
- Administration (workforce development, work space, IT, communication, funding)
- Accreditation

## PRIORITY AREA ALIGNMENT



# CROSS - CUTTING FACTORS

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One of the fundamental principles of public health is that all people have a right to good health. Differences in health status - often called health inequities - are differences that are avoidable and oftentimes unfair. These inequities are, in large part, driven by determinants such as social, economic, and environmental conditions. HCPH recognizes that there are many cross-cutting factors that influence health status and drive unsustainable health care spending that will be considered throughout implementation of the Community Health Improvement Plan. These cross-cutting factors are:

- Educational attainment
- Access to health care and social services
- Economic vitality
- Housing affordability and quality
- Transportation
- Violence-free communities
- Environmental quality
- Social connectedness
- Neighborhood and built environment

## EDUCATIONAL ATTAINMENT



Educational attainment refers to the highest level of education that an individual has completed. Education attainment has an influence on the health of an individual. Higher educational attainment, such as a bachelor's degree or higher, is often associated with better health. Increasing the educational attainment of an individual can have lasting impacts on the health of an individual over the course of his or her lifetime.

## ACCESS TO HEALTH CARE AND SOCIAL SERVICES



Access to comprehensive, quality health care and social services is important for the achievement of health equity and increasing the quality of life for everyone. Quality is the degree to which health services for people increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

## ECONOMIC VITALITY



Economic vitality refers to the state of being economically strong and active; which can refer to individuals, communities, cultural groups, society, etc. Factors such as employment status, housing stability, income, and food security play a role in economic vitality.

## HOUSING AFFORDABILITY AND QUALITY



This refers to housing which is deemed affordable to show with a medium income as rated by county, state, region, or municipality by a recognized Housing Affordability Index. Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation, and medical care.

## TRANSPORTATION



Transportation is a basic but necessary step for ongoing health care and medication access, especially among individuals with chronic diseases. Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use, which may lead to poorer management of chronic illness and poorer health outcomes.

## VIOLENCE-FREE COMMUNITIES



Violence in our homes, schools, communities, and the media is unacceptable and preventable. Successful violence prevention requires the strengthening of factors that protect and support individuals, families, and communities and reduce risk factors that threaten their well-being.

## ENVIRONMENTAL QUALITY



Polluted air, contaminated water, and extreme heat are three environmental conditions that can negatively impact population health. Identifying how environmental exposures vary by population and geographic location can improve our understanding of health disparities.

## SOCIAL CONNECTEDNESS



Social connectedness improves physical health and mental and emotional well-being. Research indicates that lack of social connectedness contributes to disease and death beyond traditional risk factors such as smoking, blood pressure, and physical activity. Factors such as civic participation, discrimination, racism, incarceration, and community pride can impact a person's level of social connectedness.

## NEIGHBORHOOD AND BUILT ENVIRONMENT



The built environment is the man-made space where people live, work and play on a day-to-day basis, which includes buildings and spaces that are created and modified. The way a community is built can affect the health of its residents. It can improve access to foods that support healthy eating; build sidewalks to support active living; and provide public transportation to support improved access to health care and social services.

# GOALS, OBJECTIVES, AND STRATEGIES

The goals, objectives, and strategies to address the identified priority health focus areas are outlined in this section. Each of the four priority health focus areas has at a minimum one goal and one objective with several accompanying strategies. Goals in this plan reflect what we intend to happen as a result of our collaborative efforts. The objectives are more specific, measurable, easy to put into action, and have a two-year time frame to complete. The strategies outline the actions we will take to achieve our goals and objectives. The ways in which the strategies are carried out may vary by community and/or priority population based on need and cultural appropriateness.

## SUMMARY OF GOALS

### **PRIORITY AREA 1: Chronic Disease and Obesity**

GOAL 1: More people in Hamilton County will report making healthier food and beverage choices.

GOAL 2: More people in Hamilton County will report engaging in physical activity.

GOAL 3: Fewer people in Hamilton County will report using tobacco products.

### **PRIORITY AREA 2: Maternal, Infant, and Child Health**

GOAL 1: More babies in Hamilton County will celebrate their first birthday.

GOAL 2: A more comprehensive Pediatric Case Management Program will be established at HCPH.

GOAL 3: A more cost-efficient and time-efficient Immunization Program will be established at HCPH.

### **PRIORITY AREA 3: Mental Health and Addiction**

GOAL 1: Fewer Hamilton County residents will die of opiate-related overdose deaths.

GOAL 2: Fewer people who inject drugs will contract an infectious disease in Hamilton County.

GOAL 3: More Hamilton County schools will be aware of resources available to address mental and behavioral health in the school setting.

### **PRIORITY AREA 4: Oral Health**

GOAL 1: More Hamilton County residents will have access to comprehensive oral health care.

## WHY IS THIS IMPORTANT?

### **Chronic Disease and Obesity**



Chronic diseases are the leading cause of death and disability. Health behaviors, such as poor nutrition, physical inactivity, and tobacco use are linked to chronic conditions, premature death, and disability. Chronic diseases and their outcomes disproportionately impact racial and ethnic populations. Attention to improving access to quality nutrition, opportunities for physical activity, and smoke-free environments are critical steps in reducing health disparities.

### **Maternal, Infant, and Child Health**



Infant mortality is the death of baby before his or her first birthday. It is often considered to be one of the most important indicators of the overall health and well-being of a community. Infant mortality is often associated with other factors such as maternal health, access to and quality of health care, social and economic conditions, and public health practices.

### **Mental Health and Addiction**



Mental health disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. Additionally, substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative and significantly contribute to costly social, physical, mental, and public health problems.

### **Oral Health**



Oral (dental) health is essential to general health and quality of life. Some individuals do not have access to preventive programs and dental treatment options which leads to higher rates of oral diseases. A person's ability to access oral health care is associated with factors such as education level, income, race, and ethnicity.

# WORK PLANS

Work plans were created for each of the four priority health focus areas. The work plans allow the tracking of various activities and milestones towards the accomplishment of the goals established in the prior section. For detailed work plans, please see page x of the Appendix.

## PRIORITY AREA 1: CHRONIC DISEASE & OBESITY

### Healthy Eating

GOAL: More people in Hamilton County will report making healthier food and beverage choices

Objectives	<p>1.1 - By June 30, 2020, increase the percentage of adults who meet the daily fruit and vegetable intake requirement to 26.6 percent. <i>(Baseline: 21.6 percent)</i></p> <p>1.2 - By June 30, 2020, decrease the percentage of adults who drink more than one sugar-sweetened beverage per day to 27.4 percent. <i>(Baseline: 32.4 percent)</i></p>
Strategies	<p>a) Provide technical assistance to child care centers for adopting nutrition policies that enhance the availability and promotion of healthy food and beverage options within the child care setting. <i>(Menu enhancements, healthy celebrations, gardens, nutrition education, family style meals, parent engagements, etc.)</i></p> <p>b) Provide technical assistance to schools for adopting or revising nutrition policies that enhance the availability and promotion of healthy food and beverage options before, during, and after school, and at school-sponsored events. <i>(Competitive pricing for healthy foods, school gardens, sharing tables, breakfast in the classroom, free and reduced lunch participation, healthy classroom celebrations, water first for thirst, etc.)</i></p> <p>c) Provide technical assistance to communities for implementing policy and environmental changes that enhance the availability and promotion of healthy food and beverage options <i>(Gardens, SNAP infrastructure/EBT acceptance, farmer's markets, feeding programs, etc.)</i></p> <p>d) Participate in the Greater Cincinnati Regional Food Policy Council, Green Umbrella Local Food Action Team, Creating Healthy Communities Coalition, and Gen-H to align initiatives/leverage resources where applicable.</p> <p>e) Engage partner organizations to support healthy food and beverage initiatives among priority and disparate populations.</p>

## Active Living

GOAL: More people in Hamilton County will report engaging in physical activity.

Objectives	<p>2.1 - By June 30, 2020, decrease the percentage of adults who report low levels of activity to 10 percent. <i>(Baseline: 14.8 percent)</i></p> <p>2.2 - By June 30, 2020, increase the percentage of adults who report more than an hour a month of exercise to 27 percent. <i>(Baseline: 22 percent)</i></p>
Strategies	<p>a) Provide technical assistance to child care centers for adopting physical activity policies that encourage daily physical activity within the child care setting. <i>(Active classrooms, limited screen time, structure &amp; unstructured play, etc.)</i></p> <p>b) Provide technical assistance to schools for adopting or revising policies that encourage physical activity before, during, and after school. <i>(Safe Routes to School, active classrooms, active recess, physical education, CATCH Kids Club implementation in after-school programs)</i></p> <p>c) Provide technical assistance to communities for implementing policy and environmental changes that enhance the availability and promotion of active living opportunities. <i>(Park/playground installation and enhancement, sidewalk maintenance &amp; connectivity, bicycle &amp; pedestrian master plans, complete streets, shared use agreements, trails, etc.)</i></p> <p>d) Participate in the Connecting Active Communities Coalition, Creating Healthy Communities Coalition, and Gen-H to align initiatives/leverage resources where applicable.</p> <p>e) Engage partner organizations to support active living initiatives among priority and disparate populations.</p>

## Tobacco-Free

GOAL: Fewer people in Hamilton County will report using tobacco products.

Objectives	<p>3.1 - By June 30, 2020, the adult smoking rate will be reduced to 12 percent. <i>(Baseline: 19 percent)</i></p> <p>3.2 - By June 30, 2020, decrease the percentage of youth who report smoking to 4.1 percent. <i>(Baseline: 4.6 percent)</i></p> <p>3.2 - By June 30, 2020, the age of first use among youth will increase to 14.4. <i>(Baseline: 14.1)</i></p>
Strategies	<p>a) Provide technical assistance to child care centers for adopting comprehensive tobacco-free policies.</p> <p>b) Provide technical assistance to communities for adopting tobacco-free policies <i>(K-12 schools, multi-unit housing, public workplaces, outdoor spaces, etc.)</i> that meet or exceed ODH's policy standards.</p> <p>c) Conduct tobacco sales to minors compliance checks within priority communities outlined in the Tobacco Prevention &amp; Cessation grant from ODH.</p> <p>d) Conduct tobacco point-of-sales assessments in retail establishments located within priority communities outlined in the ODH Tobacco Prevention &amp; Cessation grant.</p> <p>e) Implement tobacco counter-marketing campaigns within priority communities as outlined in the Tobacco Prevention &amp; Cessation grant. <i>(Topics: Access and availability of tobacco to youth, adult use related to low availability and utilization of cessation services, and exposure to second-hand smoke)</i></p> <p>f) Identify existing community cessation providers. Promote available tobacco cessation resources and/or fill cessation gaps within the ODH Tobacco Prevention &amp; Cessation grant priority communities. <i>(Tobacco Quitline, Freedom From Smoking, smoking support groups, 5 A's)</i></p> <p>g) Participate on the Creating Healthy Communities Coalition, Interact for Health Tobacco Advisory Group, Tobacco 21 Steering Committee, PreventionFIRST! Center for Community Engagement, and Gen-H to align initiatives/leverage resources where applicable.</p> <p>h) Engage partner organizations to support tobacco-free initiatives among priority and disparate populations.</p>



## PRIORITY AREA 2: MATERNAL, INFANT, & CHILD HEALTH

### Infant Vitality

GOAL: More babies in Hamilton County will celebrate their first birthday.

Objectives	<p>1.1 - By June 30, 2020, the pre-term birth rate for Hamilton County will remain stable compared to the 2017 pre-term birth rate. <i>(Baseline: 11 percent)</i></p> <p>1.2 - By June 30, 2020, the low birth-weight birth rate will remain stable compared to the 2017 low birth-weight birth rate. <i>(Baseline: 10 percent)</i></p> <p>1.3 - By June 30, 2020, the number of infant sleep-related deaths for Hamilton County will decrease to 11. <i>(Baseline: 13)</i></p>
Strategies	<p>a) Identify and connect pregnant women to needed services and agencies; engage community partnerships to accelerate grassroots change; and activate community mobilization around social and environmental determinants that impact health outcomes.</p> <p>b) Interview families who have experienced a fetal or infant loss to determine barriers and/or gaps to medical care and social support.</p> <p>c) Review all sleep-related infant deaths to identify areas of opportunity for early intervention, education, and/or policy change.</p> <p>d) Participate in the Cradle Cincinnati Advisory Board, Mid-West Regional Fetal-Infant Mortality Review (FIMR) conference calls, and Ohio Injury Prevention Partnership-Safe Sleep Committee to align interventions/leverage resources where applicable.</p> <p>e) Engage partner organizations to support infant vitality initiatives among disparate populations.</p>

### Pediatric Case Management

GOAL: A more comprehensive Pediatric Case Management Program will be established at HCPH.

Objectives	<p>2.1 - By June 30, 2020, a quality improvement project will be completed to identify improvements to the Pediatric Case Management Program at HCPH. <i>(Baseline: 0)</i></p>
Strategies	<p>a) Assess the current state of the Pediatric Case Management (PCM) Program <i>(The PCM program includes: Children with Medical Handicaps (CMH), Perinatal Hepatitis B, Lead)</i> at HCPH to determine barriers and resources to establish a comprehensive program with qualified staff through a quality improvement project.</p> <p>b) Determine the desired state of the PCM Program at HCPH.</p> <p>c) Develop a plan to outline strategies for a sustainable and comprehensive PCM Program.</p> <p>d) Pilot the PCM Program improvement plan and analyze the results.</p> <p>e) Standardize improvements made to the PCM Program.</p>

### Immunization Program

GOAL: A more cost-effective and time-efficient Immunization Program will be established at HCPH.

Objectives	<p>2.1 - By June 30, 2020, a quality improvement project will be completed to identify improvements in the Immunization Program at HCPH. <i>(Baseline: 0)</i></p>
Strategies	<p>a) Assess the current state of the Immunization Program at HCPH to determine cost-effectiveness and time-efficiency through a quality improvement project.</p> <p>b) Determine the desired state of the Immunization Program at HCPH.</p> <p>c) Develop a plan to outline strategies to improve the cost-effectiveness and time efficiency of the Immunization Program at HCPH.</p> <p>d) Pilot the Immunization Program improvement plan and analyze the results.</p> <p>e) Standardize improvements made to the Immunization Program.</p>

## PRIORITY AREA 3: MENTAL HEALTH & ADDICTION

### Opiate-Related Overdose

GOAL: Fewer Hamilton County residents will die of opiate-related overdose deaths.

Objectives	<p>1.1 - From January 2018 - December 2020, the age-adjusted unintentional opiate-related overdose fatality rate will not be significantly higher than the rate for the rest of Ohio. <i>(Baseline: 56.3 per 100,000 - Hamilton County and 41.4 per 100,000 - Ohio)</i></p> <p>1.2 - The number of emergency department (ED) visits and 911 dispatches due to overdoses will decrease from the period of January 2017 - December 2017 to January 2020 - December 2020. <i>(Baseline: 3,816 ED visits and 4,173 911 dispatches)</i></p>
Strategies	<p>a) Review all opiate-related deaths to identify areas of opportunity for early intervention, education, and/or policy change.</p> <p>b) Provide technical assistance to schools for implementing policy, environmental, or programmatic strategies to address opiate use/misuse. <i>(Start Talking Program, etc.)</i></p> <p>c) Provide technical assistance to health care settings regarding standardization of health care protocols to address opiate use/misuse. <i>(Narcan distribution, alternative pain management guidelines, Narcan guidelines for Emergency Departments, Deterra bags, drug lock boxes/drug drop boxes, prescribers utilizing OARRS)</i></p> <p>d) Provide technical assistance to communities for implementing policy, environmental, or programmatic strategies to address opiate use/misuse. <i>(Narcan distribution, Deterra bags, drug lock boxes/drug drop boxes)</i></p> <p>e) Participate in the Hamilton County Heroin Coalition (HCHC), HCHC Health Care and Prevention sub-committees, Narcan Distribution Collaborative, and Ohio Injury Prevention Partnership to align initiatives and leverage resources where applicable.</p> <p>f) Engage partner organizations to support harm reduction initiatives.</p>

### Infectious Disease among People Who Inject Drugs (PWID)

GOAL: Fewer people who inject drugs will contract an infectious disease in Hamilton County.

Objectives	<p>2.1 - By June 30, 2020, the Hepatitis C incidence rate will not be statistically significantly higher than the baseline. <i>(Baseline: 201.5 per 100,000)</i></p> <p>2.2 - By June 30, 2020, the rate of new HIV infections who are also PWID among all Hamilton County residents will not be statistically significantly higher than the baseline <i>(Baseline: 5.21 per 100,000)</i></p>
Strategies	<p>a) Provide provisions of sterile injection equipment and disposal of potentially infectious sharps for individuals utilizing exchange services.</p> <p>b) Provide Hepatitis C and HIV testing services for individuals who are exchanging sharps.</p> <p>c) Provide linkage to care services for individuals in need of medically assisted treatment or other health care services.</p>

## Mental Health

GOAL: More Hamilton County schools will be aware of resources available to address mental and behavioral health in the school setting.

Objectives	<p>3.1 - By June 30, 2020, the 2019 annual Child Fatality Review report will be disseminated to mental health, behavioral health, public health, and education partners. <i>(Baseline: 0)</i></p> <p>3.2 - By June 30, 2020, recommendations regarding HCPH's role in addressing mental and behavioral health in Hamilton County schools will be developed for senior administration. <i>(Baseline: 0)</i></p> <p>3.3 - By June 30, 2020, 50 percent of HCPH staff will receive training to identify, understand, and respond to signs of mental health and substance use. <i>(Baseline: 13 percent)</i></p>
Strategies	<p>a) Review all child suicide-related deaths to identify areas of opportunity for early intervention, education, and/or systems-level changes. Develop recommendations and present to the Cincinnati-Hamilton County Community Action Team.</p> <p>b) Collaborate with mental health, behavioral health, public health, and education representatives to learn about existing mental and behavioral health services available to Hamilton County schools, gaps in services, and barriers to accessing services. Assess HCPH's role in supporting mental health in schools.</p> <p>c) Build HCPH staff capacity to identify, understand, and respond to signs of mental health and substance use disorders to foster a more culturally competent workforce.</p>

## PRIORITY AREA 4: ORAL HEALTH

### Oral Health

GOAL: More Hamilton County residents will have access to comprehensive oral health care.

Objectives	<p>3.1 - By June 30, 2020, a county-wide Oral Health Strategic Plan will be developed to address access to comprehensive oral health care among Medicaid and low-income uninsured populations. <i>(Baseline: 0)</i></p>
Strategies	<p>a) Establish a Hamilton County Oral Health Coalition focused on improving oral health hygiene and access to comprehensive oral health care among priority and disparate populations.</p> <p>b) Develop and Oral Health Strategic Plan with a realistic set of measurable objective, specific activities, accountabilities, and timelines.</p> <p>c) Engage partner organizations to support oral health initiatives among priority and disparate populations.</p>

# NEXT STEPS

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## IMPLEMENTATION

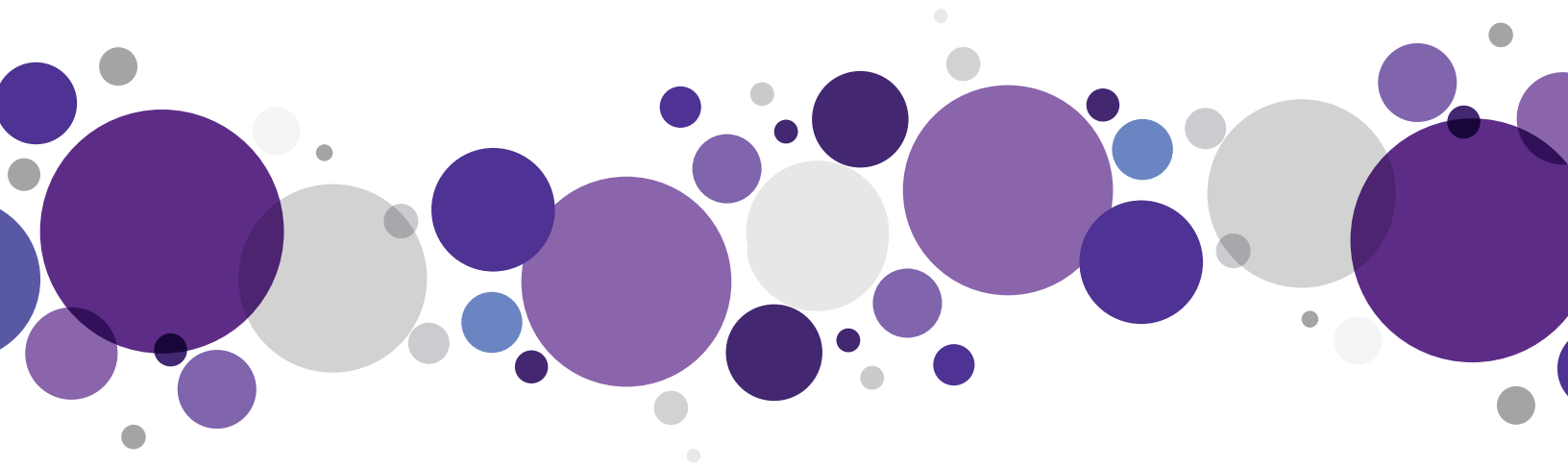
Hamilton County Public Health, with the support of its partners, will begin implementation of strategies beginning July 1, 2018.

## PERFORMANCE MANAGEMENT

Ongoing data collection will occur throughout the duration of the Community Health Improvement Plan. The Community Health Improvement Plan Quality Improvement Workgroup, Performance Management Council, and Hamilton County Public Health Board of Health will monitor progress of all goals, objectives, and strategies on a quarterly basis. Process improvements will be identified as needed.

## COMMUNICATION TO STAKEHOLDERS

A Community Health Improvement Plan progress report will be provided to the Public Health Advisory Council members on a bi-annual basis at a minimum. Additionally, the Public Health Advisory Council will meet each year to review progress and provide feedback. Progress reports will be available on the Hamilton County Public Health website ([hcph.org](http://hcph.org)) for stakeholders and the general public to access.



# APPENDICES

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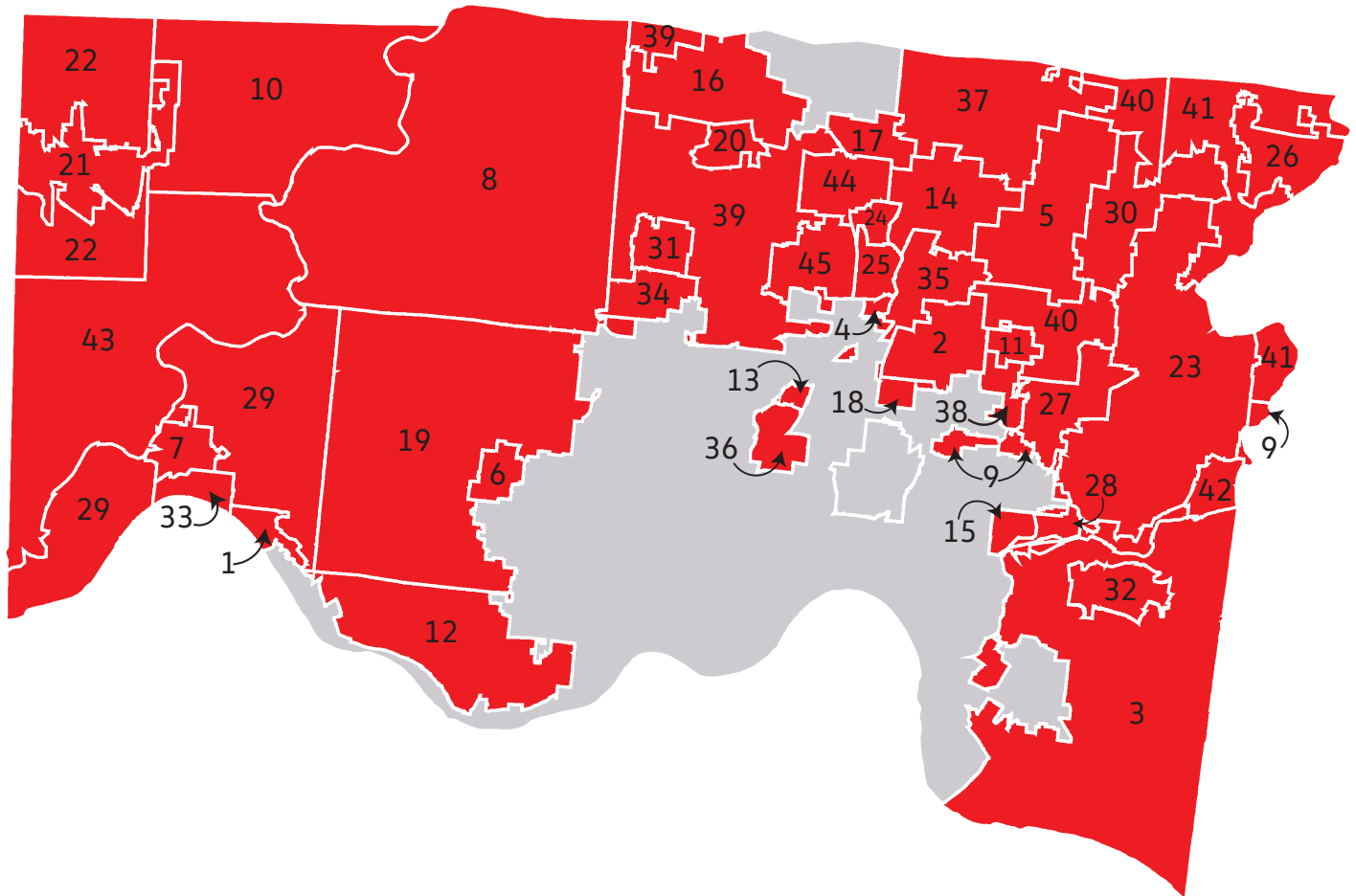
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# HEALTH JURISDICTIONS

## WHO WE SERVE

Within Hamilton County, there are 45 communities comprised of cities, villages, and townships that Hamilton County Public Health Provides services to. Below is a map that illustrates the location of each community within Hamilton County Public Health's jurisdiction.



- |                      |                       |                          |
|----------------------|-----------------------|--------------------------|
| 1. Addyston          | 17. Glendale          | 33. North Bend           |
| 2. Amberley Village  | 18. Golf Manor        | 34. North College Hill   |
| 3. Anderson Township | 19. Green Township    | 35. Reading              |
| 4. Arlington Heights | 20. Greenhills        | 36. Saint Bernard        |
| 5. Blue Ash          | 21. Harrison          | 37. Sharonville          |
| 6. Cheviot           | 22. Harrison Township | 38. Silverton            |
| 7. Cleves            | 23. Indian Hill       | 39. Springfield Township |
| 8. Colerain Township | 24. Lincoln Heights   | 40. Sycamore Township    |
| 9. Columbia Township | 25. Lockland          | 41. Symmes Township      |
| 10. Crosby Township  | 26. Loveland          | 42. Terrace Park         |
| 11. Deer Park        | 27. Madeira           | 43. Whitewater Township  |
| 12. Delhi Township   | 28. Mariemont         | 44. Woodlawn             |
| 13. Elmwood Place    | 29. Miami Township    | 45. Wyoming              |
| 14. Evendale         | 30. Montgomery        |                          |
| 15. Fairfax          | 31. Mount Healthy     |                          |
| 16. Forest Park      | 32. Newtown           |                          |

# ACRONYMS

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Below is a list of acronyms used in the Community Health Improvement Plan to abbreviate commonly used words and phrases:

<b>BRFSS</b>	Behavioral Risk Factor Surveillance Survey	<b>OCCRRA</b>	Ohio Child Care Resource and Referral Association
<b>CAT</b>	Community Action Team	<b>OD</b>	Overdose
<b>CDC</b>	Centers for Disease Control and Prevention	<b>ODH</b>	Ohio Department of Health
<b>CFR</b>	Child Fatality Review	<b>ODOT</b>	Ohio Department of Transportation
<b>CHA</b>	Community Health Assessment	<b>ODRS</b>	Ohio Disease Reporting System
<b>CHANGE</b>	Community Health Assessment and Group Evaluation	<b>OEI</b>	Ohio Equity Institute
<b>CHIP</b>	Community Health Improvement Plan	<b>OFR</b>	Overdose Fatality Review
<b>CHNA</b>	Community Health Needs Assessment	<b>OHP</b>	Ohio Healthy Program
<b>CLAS</b>	Culturally & Linguistically Appropriate Services	<b>PCM</b>	Pediatric Case Management
<b>CMH</b>	Children with Medical Handicaps	<b>PDO</b>	Prescription Drug Overdose
<b>CQI</b>	Continuous Quality Improvement	<b>PHAB</b>	Public Health Accreditation Board
<b>ED</b>	Emergency Department	<b>PMC</b>	Performance Management Council
<b>FIMR</b>	Fetal-Infant Mortality Review	<b>PWID</b>	People Who Inject Drugs
<b>HCPH</b>	Hamilton County Public Health	<b>SDOH</b>	Social Determinants of Health
<b>HCV</b>	Hepatitis C Virus	<b>SHI</b>	School Health Index
<b>HIV</b>	Human Immunodeficiency Virus	<b>SHIP</b>	State Health Improvement Plan
<b>MCH</b>	Maternal and Child Health	<b>SRTS</b>	Safe Routes to School
<b>NAP-SACC</b>	Nutrition and Physical Activity Self-Assessment for Child Care	<b>YRBSS</b>	Youth Risk Behavior Surveillance System
<b>OARRS</b>	Ohio Automated Rx Reporting System		

# MEMBERSHIP

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This section provides the organizational make-up of the coalitions or committees that will play a role in the implementation of the Community Health Improvement Plan.

## CINCINNATI-HAMILTON COUNTY COMMUNITY ACTION TEAM (CAT)

The CAT team puts into action the recommendations from the Fetal-Infant Mortality Review and Child Fatality Review to improve fetal, infant, and child health outcomes.

- Adop Professionals
- Care Source
- Cincinnati Children’s Hospital
- Cincinnati Health Department
- Council on Child Abuse
- Cradle Cincinnati
- Crossroads Health Center
- Every Child Succeeds
- Hamilton County Public Health
- Health Care Access Now
- Healthy Beginnings
- March of Dimes
- Mercy Health
- Mind Peace
- Planned Parenthood of Southwest Ohio
- Talbert House
- The Christ Hospital
- TriHealth
- UC Health

## HAMILTON COUNTY CHILD FATALITY REVIEW (CFR)

The CFR team reviews all deaths occurring among residents under the age of 18 in Hamilton County in an effort to identify opportunities for early intervention, education, and/or policy changes.

- Cincinnati Children’s Hospital
- Cincinnati Fire Department
- Cincinnati Health Department
- Cincinnati Police Department
- Hamilton County Coroner’s Office
- Hamilton County Job & Family Services
- Hamilton County Juvenile Court
- Hamilton County Mental Health Services & Recovery Board
- Hamilton County Prosecutor’s Office
- Hamilton County Public Health
- Hamilton County Sheriff’s Office
- UC Health

## HAMILTON COUNTY FETAL-INFANT MORTALITY REVIEW (FIMR)

The FIMR team reviews all fetal and infant deaths in Hamilton County in an effort to identify opportunities for early intervention, education, and/or policy changes.

- Cincinnati Children’s Hospital
- Cincinnati Health Department
- Cradle Cincinnati
- Good Samaritan Hospital
- Hamilton County Job & Family Services
- Hamilton County Public Health
- Hamilton County Women, Infants & Children (WIC)
- Lincoln Heights Health Center
- March of Dimes
- Mercy Health
- The Christ Hospital
- UC Health
- University of Cincinnati



## HAMILTON COUNTY OVERDOSE FATALITY REVIEW (OFR)

The OFR team reviews all overdose-related deaths in Hamilton County in an effort to identify opportunities for early intervention, education, and/or policy changes.

- Addiction Services Council
- Cincinnati Fire Department
- Cincinnati Health Department
- Colerain Township Fire Department
- Delhi Township Fire Department
- Drug and Poison Information Center
- Green Township Fire Department
- Hamilton County Coroner's Office
- Hamilton County Heroin Coalition
- Hamilton County Heroin Task Force
- Hamilton County Job & Family Services
- Hamilton County Mental Health & Recovery Services Board
- Hamilton County Prosecutor's Office
- Hamilton County Public Health
- Interact for Health
- Mercy Health
- Sunrise Treatment Center
- The Health Collaborative
- UC College of Medicine

## HAMILTON COUNTY HEROIN COALITION (HCHC) HEALTH CARE COMMITTEE

The HCHC provides county-wide leadership and solutions to address the heroin and opiate epidemic through four key focus areas of treatment, prevention and public education, harm reduction, and supply control.

- Addiction Services Council
- Anderson Township Fire Department
- BrightView
- Cincinnati Children's Hospital
- Cincinnati Fire Department
- Cincinnati Health Department
- Colerain Township Fire/EMS
- Crossroads Health Center
- Delphi Health Care
- Drug and Poison Information Center
- Green Township Fire Department
- Hamilton County Administration
- Hamilton County Coroner's Office
- Hamilton County Fire Chief's Association
- Hamilton County Mental Health & Recovery Services Board
- Hamilton County Public Health
- Joseph House
- Margaret Mary Health
- Mercy Health
- Mount Saint Joseph University
- Northern Kentucky Health Department
- Ohio Attorney General's Office
- PreventionFIRST!
- Reading Fire Department
- St. Elizabeth Healthcare
- Sunrise Treatment Center
- Talbert House
- The Christ Hospital
- The Health Collaborative
- The Health Experience
- TriHealth
- UC College of Medicine
- UC Health
- University of Cincinnati
- University of Cincinnati Addiction Sciences
- University of Cincinnati Medical Center
- Urban Minority Alcoholism & Drug Abuse Outreach Program
- US Acute Care Solutions
- Veteran's Affairs

## HAMILTON COUNTY HEROIN COALITION (HCHC)

The HCHC provides county-wide leadership and solutions to address the heroin and opiate epidemic through four key focus areas of treatment, prevention and public education, harm reduction, and supply control.

- 17a
- Addiction Services Council
- Alkermes
- Amberley Village Police Department
- Anderson Township Fire Department
- Archdiocese of Cincinnati
- Because You Matter, LLC
- Beckett Springs
- BrightView
- Center for Closing the Health Gap
- Cincinnati Fire Department
- Cincinnati Health Department
- Cincinnati Police Department
- Cincinnati USA Regional Chamber
- Cincinnati Works
- Cintrifuse
- City of Cincinnati
- Colerain Township
- Community Members
- Court Clinic
- Downtown Cincinnati, Inc.
- GLAST
- Greater Cincinnati Behavioral Health
- Hamilton County Administration
- Hamilton County Association of Chiefs of Police
- Hamilton County Commissioners
- Hamilton County Coroner's Office
- Hamilton County Courts
- Hamilton County Fire Chief's Association
- Hamilton County Heroin Task Force
- Hamilton County Job & Family Services
- Hamilton County Mental Health & Recovery Services Board
- Hamilton County Office of Re-Entry
- Hamilton County Planning + Development
- Hamilton County Public Health
- Hamilton County Sheriff
- Interact for Health
- Interventional Spine & Pain Center
- Mental Health & Addiction Advocacy Coalition
- Mercy Health
- Miami University
- Mount Saint Joseph University
- Office of Senator Rob Portman
- Office of Senator Sherrod Brown
- Ohio Attorney General's Office
- Omega Mentoring Youth
- People's Liberty
- PreventionFIRST!
- Springfield Township
- State Representative Brigid Kelly
- Sunrise Treatment Center
- Talbert House
- The AMOS Project
- The BrightView Foundation
- The Christ Hospital
- The Health Collaborative
- The Health Experience
- TriHealth
- UC College of Medicine
- UC Health
- University of Cincinnati
- Unstoppable Software
- Urban Minority Alcoholism & Drug Abuse Outreach Program
- Vice Mayor of Cincinnati, David Mann
- Village of Newtown Police Department
- WCPO

## HAMILTON COUNTY PUBLIC HEALTH (HCPH) PERFORMANCE MANAGEMENT COUNCIL (PMC)

The PMC reviews, approves, and monitors all Quality Improvement (QI) Workgroup plans and progress. The PMC is made up of senior management and two members from each of the five QI Workgroups.

- Tim Ingram, Chair - Health Commissioner
- Craig Davidson - Assistant Health Commissioner
- Greg Kesterman - Assistant Health Commissioner
- Greg Varner - Finance Officer
- Rebecca Stowe - Community Health Improvement Plan QI Workgroup, *Chair*
- Mary Ellen Knaebel - Community Health Improvement Plan QI Workgroup, *QI Chair*
- Kevin Strobino - Customer Feedback QI Workgroup, *Chair*
- Kim Chelf - Health Equity QI Workgroup, *Chair*
- Denise Comeau - Health Equity WI Workgroup, *QI Chair*
- Brad Johnson - Program Implementation Plan QI Workgroup, *QI Coach*
- John Sherrard - Program Implementation Plan
- Stephanie Taylor - Workforce Development QI Workgroup, *Chair*
- Erica Foley - Workforce Development QI Workgroup

## HAMILTON COUNTY PUBLIC HEALTH (HCPH) PUBLIC HEALTH ADVISORY COUNCIL (PHAC)

The PHAC is a group of partner organizations that reviews, advises, and holds HCPH accountable for its Community Health Improvement Plan. This group also helps to align resources in an effort to maximize impact.

- Cincinnati Children's Hospital
- Cincinnati Health Department
- Cradle Cincinnati
- Hamilton County Administration
- Hamilton County Developmental Disabilities Services
- Hamilton County Educational Services Center
- Hamilton County Emergency Management & Homeland Security
- Hamilton County Environmental Services
- Hamilton County Heroin Coalition
- Hamilton County Job & Family Services
- Hamilton County Mental Health & Recovery Services Board
- Hamilton County Planning + Development
- Interact for Health
- Lincoln Heights Missionary Baptist Church
- Mercy Health
- Northern Kentucky Health Department
- PreventionFIRST!
- The Christ Hospital
- The Health Collaborative
- The HealthCare Connection
- TriHealth
- UC Health
- United Way of Greater Cincinnati

# BASELINE DATA

Baseline data was collected from the most recent finalized datasets available prior to the start of the Community Health Improvement Plan. The baseline is the rate/percent/number used to measure the improvement in the four priority health areas. Baseline data are used to create targets, or the expected outcome at the end of the Community Health Improvement Plan. The following are baseline data and targets for each of the objectives within the four health priority areas.

## PRIORITY AREA 1: CHRONIC DISEASE & OBESITY

	Baseline	Target
<b>More people in Hamilton County will report making healthier food and beverage choices.</b>		
1.1 Increase the percent of adults who meet the daily fruit and vegetable intake requirements.	21.6%	26.6%
1.2 Decrease the percentage of adults who drink more than one sugar-sweetened beverage per day.	32.4%	27.4%

Source: Interact for Health Greater Cincinnati Health Status Survey, Hamilton County Suburbs, 2017

	Baseline	Target
<b>More people in Hamilton County will report engaging in physical activity.</b>		
2.1 Decrease the percent of adults who report low levels of physical activity.	14.8%	10.0%
2.2 Increase the percentage of adults who reported spending more than an hour a month on exercise.	22%	27%

Source: Interact for Health Greater Cincinnati Health Status Survey, Hamilton County Suburbs, 2017; Robert Wood Johnson Foundation County Health Rankings, 2017

	Baseline	Target
<b>Fewer people in Hamilton County will report using tobacco products.</b>		
3.1 The adult smoking rate will be reduced.	19%	14%
3.2 Decrease the percent of youth who reported smoking.	4.6%	4.1%
3.3 The age of first use among youth will increase	14.1	14.4

Source: Robert Wood Johnson Foundation County Health Rankings, 2017  
PreventionFIRST! Student Drug Use Survey, 2018

## PRIORITY AREA 2: MATERNAL, INFANT, & CHILD HEALTH

	Baseline	Target
<b>More babies in Hamilton County will celebrate their first birthday.</b>		
1.1 The pre-term birth rate for Hamilton County will remain stable compared to the 2017 pre-term birth rate.	11%	11%
1.2 The low birth-weight birth rate for Hamilton County will remain stable compared to the 2017 low birth-weight birth rate.	10%	10%
1.3 The number of infant sleep-related deaths for Hamilton County will decrease.	13	11
Source: Ohio Department of Health Secure Data Warehouse Birth Statistical File, 2017 Hamilton County Child Fatality Review, 2017		

	Baseline	Target
<b>A more comprehensive Pediatric Case Management (PCM) Program will be established at HCPH.</b>		
2.1 A quality improvement project will be completed to identify improvements in the PCM Program at HCPH.	0	1
Source: HCPH Quality Improvement Project Index		

	Baseline	Target
<b>A more cost-effective and time-efficient Immunization Program will be established at HCPH.</b>		
3.1 A quality improvement project will be completed to identify improvements to the Immunization Program at HCPH.	0	1
Source: HCPH Quality Improvement Project Index		

## PRIORITY AREA 3: MENTAL HEALTH & ADDICTION

	Baseline	Target
<b>Fewer Hamilton County residents will die of opiate-related overdose deaths.</b>		
1.1 From January 2018 - December 2020, the unintentional opiate-related overdose fatality rate will not be statistically significantly higher than the rate for the rest of Ohio (41.1 per 100,000 Ohio Rate*).	56.3 per 100,000	44.1 per 100,000
1.2 The number of emergency department (ED) visits and 911 dispatches due to overdose will experience a statistically significant decrease from the period of January 2017 - December 2017 to January 2020 - December 2020.	3,816 (ED) 4,173 (911)	3,815 (ED) 4,172 (911)
Source: Ohio Department of Health Secure Data Warehouse Death Statistical File, 2017 EpiCenter Surveillance; City of Cincinnati Police Dispatch Data; Hamilton County Sheriff Dispatch Data, 2017		

**\*The most recent SINGLE year of available data (2017) is provided above. The HCPH rate was significantly higher during this period (rate ratio 99% confidence interval of 1.12-1.44)**

	Baseline	Target
<b>Fewer People Who Inject Drugs (PWID) will contract an infectious disease.</b>		
2.1 The Hepatitis C incidence rate will not be statistically significantly greater than the baseline.	<b>201.5 per 100,000</b>	201.5 per 100,000
2.2 The rate of new HIV infections who are also PWID among all Hamilton County residents will not be statistically significantly greater than the baseline.	<b>5.21 per 100,000</b>	5.21 per 100,000

Source: Ohio Department of Health Ohio Disease Reporting System, 2017

	Baseline	Target
<b>More Hamilton County schools will be aware of resources available to address mental &amp; behavioral health in the school setting.</b>		
3.1 The 2019 annual Child Fatality Review report will be disseminated to mental health, behavioral health, public health, and education partners.	<b>0</b>	1
3.2 Recommendations regarding HCPH's role in addressing mental & behavioral health in Hamilton County schools will be developed for senior administration.	<b>0</b>	1
3.3 Fifty percent of HCPH staff will receive training to identify, understand, and respond to signs of mental health and/or substance use disorders	<b>13% (13/100) as of 7/1/18</b>	50%

Source: Hamilton County Child Fatality Review Annual Report, 2019  
HCPH Senior Administration Report, HCPH Staff Training Database, HCPH Human Resource Records

## PRIORITY AREA 4: ORAL HEALTH

	Baseline	Target
<b>More Hamilton County residents will have access to comprehensive oral health care.</b>		
1.1 A county-wide Oral Health Strategic Plan will be developed to address access to comprehensive oral health care among Medicaid and low-income uninsured.	<b>0</b>	1

Source: Hamilton County Oral Health Strategic Plan

# WORK PLANS

## PRIORITY AREA 1: CHRONIC DISEASE & OBESITY

### Goal 1: More people in Hamilton County will report making healthier food and beverage choices.

#### Objectives:

- 1.1 - By June 30, 2020, increase the percentage of adults who meet the daily fruit and vegetables intake requirement to 26.6 percent. *(Baseline: 21.6 percent)*
- 1.2 - By June 30, 2020, decrease the percentage of adults who drink more than one sugar-sweetened beverage per day to 27.4 percent. *(Baseline: 21.6 percent)*

Strategies	Lead Agency/Staff	Partners/Resources
a) Provide technical assistance to child care centers for adopting nutrition policies that enhance the availability and promotion of healthy food and beverage options within the child care setting. <i>(Menu enhancements, healthy celebrations, gardens, nutrition education, family style meals, parent engagement, etc.)</i>	HCPH - Health Promotion and Education (HPE) Division	<ul style="list-style-type: none"> <li>• Ohio Department of Health (ODH) Maternal &amp; Child Health (MCH) grant</li> <li>• Child Care providers</li> <li>• Ohio Child Care Resource &amp; Referral Association (OCCRRA) - Ohio Healthy Program (OHP)</li> <li>• Other partners &amp; resources to be identified</li> </ul>
b) Provide technical assistance to schools for adopting or revising nutrition policies that enhance the availability and promotion of healthy food and beverage options before, during, and after school, and at school-sponsored events. <i>(Competitive pricing for healthy foods, school gardens, sharing tables, breakfast in the classroom, free and reduced lunch participation, healthy classroom celebrations, water first for thirst, etc.)</i>	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• Hamilton County School Districts</li> <li>• WeTHRIVE! Leadership Team</li> <li>• WeTHRIVE! Implementation Team</li> <li>• Other partners &amp; resources to be identified</li> </ul>
c) Provide technical assistance to communities for implementing policy and environmental changes that enhance the availability and promotion of healthy food and beverage options. <i>(Gardens, SNAP infrastructure/EBT acceptance, farmers' markets, feeding programs, etc.)</i>	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• HCPH health jurisdictions</li> <li>• WeTHRIVE! Leadership Team</li> <li>• WeTHRIVE! Implementation Team</li> <li>• Other partners &amp; resources to be identified</li> </ul>
d) Participate in the Greater Cincinnati Regional Food Policy Council, Green Umbrella Local Food Action Team, Creating Healthy Communities Coalition, and Gen-H to align initiatives/leverage resources where applicable.	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• Greater Cincinnati Regional Food Policy Council</li> <li>• Green Umbrella</li> <li>• Cincinnati Health Department</li> <li>• The Health Collaborative</li> </ul>
e) Engage partner organizations to support health food and beverage initiatives among priority and disparate populations.	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• WeTHRIVE! Leadership Team</li> <li>• WeTHRIVE! Implementation Team</li> <li>• Other partners &amp; resources to be identified</li> </ul>

#### Output/Outcome Indicators:

- # of healthy eating strategies implemented
- # of healthy eating policies adopted
- # of child care providers meeting or exceeding Ohio Healthy Program menu requirements
- # of nutrition/food access trainings
- # of assessments (CHANGE, SHI, NAP-SACC)
- Increase in the percent of adults that get recommended servings of fruits and vegetables
- Decrease in the percent of adults that drink more than one sugar-sweetened beverage per day

#### Monitoring/Evaluation Approach:

- CHANGE Tool Assessment - Nutrition & Chronic Disease Management modules
- School Health Index (SHI); WellSAT 2.0
- NAP-SACC
- Photo-documentation and direct observation
- BRFSS - Adults; YRBSS-Youth
- Greater Cincinnati Community Health Status Survey
- Other evaluation & surveillance tools to be determined



## Goal 2: More people in Hamilton County will report engaging in physical activity.

### Objectives:

- 2.1 - By June 30, 2020, decrease the percentage of adults who reported low levels of activity to 10 percent. *(Baseline: 14.8 percent)*
- 2.2 - By June 30, 2020, increase the percentage of adults who report more than an hour a month of exercise to 27 percent. *(Baseline: 22 percent)*

Strategies	Lead Agency/Staff	Partners/Resources
a) Provide technical assistance to child care centers for adopting physical activity policies that encourage daily physical activity within the child care setting . <i>(Active classrooms, limited screen time, structured &amp; unstructured play, etc.)</i>	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• ODH Maternal &amp; Child Health (MCH) grant</li> <li>• Child Care providers</li> <li>• Ohio Child Care Resource &amp; Referral Association (OCCRRA) - Ohio Healthy Program (OHP)</li> <li>• Other partners &amp; resources to be identified</li> </ul>
b) Provide technical assistance to schools for adopting or revising policies that encourage physical activity before, during, and after school. <i>(Safe Routes to School, active classrooms, active recess, physical education, CATCH Kids Club implementation in after-school programs, etc.)</i>	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• Hamilton County School Districts</li> <li>• WeTHRIVE! Leadership Team</li> <li>• WeTHRIVE! Implementation Team</li> <li>• Other partners &amp; resources to be identified</li> </ul>
c) Provide technical assistance to communities for implementing policy and environmental changes that enhance the availability and promotion of active living opportunities. <i>(Park/playground installation &amp; enhancement, sidewalk maintenance &amp; connectivity, bicycle &amp; pedestrian master plans, complete streets, shared use agreements, etc.)</i>	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• HCPH health jurisdictions</li> <li>• WeTHRIVE! Leadership Team</li> <li>• WeTHRIVE! Implementation Team</li> <li>• Ohio Department of Transportation (ODOT) - Safe Routes to School Program</li> <li>• Connecting Active Communities Coalition</li> <li>• Other partners &amp; resources to be identified</li> </ul>
d) Participate in the Connecting Active Communities Coalition, Creating Healthy Communities Coalition, and Gen-H to align initiatives/leverage resources where applicable.	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• Connecting Active Communities Coalition</li> <li>• Cincinnati Health Department</li> <li>• The Health Collaborative</li> </ul>
e) Engage partner organizations to support active living initiatives among priority and disparate populations.	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• WeTHRIVE! Leadership Team</li> <li>• WeTHRIVE! Implementation Team</li> <li>• Other partners &amp; resources to be identified</li> </ul>

### Output/Outcome Indicators:

- # of active living strategies implemented
- # of active living/physical activity policies adopted
- % increase in active time within child care centers
- # of communities with School Travel Plans
- # of Safe Routes to School grants submitted to ODOT
- # of assessments (CHANGE, SHI, NAP-SACC)
- Decrease the percentage of adults who reported low levels of activity
- Increase the percentage of adults who reported spending more than an hour a month on exercise

### Monitoring/Evaluation Approach:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• CHANGE Tool Assessment - Physical Activity &amp; Chronic Disease Management modules</li> <li>• School Health Index (SHI); WellSAT 2.0</li> <li>• NAP-SACC</li> </ul> | <ul style="list-style-type: none"> <li>• Photo-documentation and direct observation</li> <li>• BRFSS - Adults; YRBSS-Youth</li> <li>• Greater Cincinnati Community Health Status Survey</li> <li>• Other evaluation &amp; surveillance tools to be determined</li> </ul> |
|---|--|



## Goal 3: Fewer people in Hamilton County will report using tobacco products.

### Objectives:

- 3.1 - By June 30, 2020, the adult smoking rate will be reduced to 12 percent. *(Baseline: 19 percent)*
- 3.2 - By June 30, 2020, decrease the percentage of youth who report smoking to 4.1 percent. *(Baseline: 4.6 percent)*
- 3.3 - By June 30, 2020, the age of first use among youth will increase to 14.4. *(Baseline: 14.1)*

Strategies	Lead Agency/Staff	Partners/Resources
a) Provide technical assistance to child care centers for adopting comprehensive tobacco-free policies	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• ODH Tobacco Prevention &amp; Cessation grant</li> <li>• Child Care providers</li> <li>• Other partners &amp; resources to be identified</li> </ul>
b) Provide technical assistance to communities for adopting tobacco-free policies that meet or exceed ODH's policy standards. <i>(K-12 schools, multi-unit housing, public workplaces, outdoor space, etc.)</i>	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• ODH Tobacco Prevention &amp; Cessation grant</li> <li>• WeTHRIVE! Implementation Team</li> <li>• HCPH Environmental Health Division</li> <li>• Other partners &amp; resources to be identified</li> </ul>
c) Conduct tobacco sales to minor compliance checks within priority communities outlined in the Tobacco Prevention & Cessation grant from ODH.	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• ODH Tobacco Prevention &amp; Cessation grant</li> <li>• Hamilton County Sheriff's Office</li> </ul>
d) Conduct tobacco point-of-sales assessment in retail establishments located within priority communities outlined in the Tobacco Prevention & Cessation grant.	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• ODH Tobacco Prevention &amp; Cessation grant</li> <li>• HCPH Environmental Health Division</li> </ul>
e) Implement tobacco counter-marketing campaigns within priority communities as outlined in the Tobacco Prevention & Cessation grant. <i>(Topics: access &amp; availability of tobacco to youth, adult use related to low availability &amp; utilization of cessation services, exposure to second-hand smoke)</i>	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• ODH Tobacco Prevention &amp; Cessation grant</li> <li>• WeTHRIVE! Implementation Team</li> <li>• Other partners &amp; resources to be identified</li> </ul>
f) Identify existing community cessation providers. Promote available tobacco cessation resources and/or fill cessation gaps within the Tobacco Prevention & Cessation grant priority communities. <i>(Tobacco Quitline, Freedom From Smoking, smoking support groups, 5A's)</i>	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• ODH Tobacco Prevention &amp; Cessation grant</li> <li>• Creating Healthy Communities Coalition</li> <li>• American Heart Association</li> <li>• American Lung Association</li> <li>• Other partners &amp; resources to be identified</li> </ul>
g) Participate on the Creating Healthy Communities Coalition, Interact for Health Tobacco Advisory Group, Tobacco 21 Steering Committee, PreventionFIRST! Center for Community Engagement, and Gen-H to align initiatives/leverage resources where applicable.	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• Cincinnati Health Department</li> <li>• Interact or Health</li> <li>• American Heart Association</li> <li>• PreventionFIRST!</li> <li>• The Health Collaborative</li> </ul>
h) Engage partner organizations to support tobacco-free initiatives among priority and disparate populations.	HCPH - HPE Division	<ul style="list-style-type: none"> <li>• WeTHRIVE! Leadership Team</li> <li>• WeTHRIVE! Implementation Team</li> <li>• Public Health Advisory Council</li> <li>• ODH Tobacco Prevention &amp; Cessation grant</li> <li>• Other partners &amp; resources to be identified</li> </ul>

### Output/Outcome Indicators:

- # of tobacco-free policies adopted by sector/type (i.e. schools, multi-unit housing, etc.)
- # of tobacco point-of-sale assessments conducted
- # of compliance checks completed; # of tobacco sales to minors
- # of tobacco counter-marketing strategies/campaigns implemented
- # of assessments (CHANGE, SHI, NAP-SACC)
- Decrease adult smoking rate
- Decrease percent of youth who report smoking
- Increase the age of first tobacco use among youth

### Monitoring/Evaluation Approach:

- CHANGE Tool Assessment - Tobacco & Chronic Disease Management modules
- ODH's 100 Percent Smoke-/Tobacco-Free policy scoring rubric
- CounterTools
- Photo-documentation an direct observation
- BRFSS - Adults; YRBSS-Youth
- PreventionFIRST! Student Drug Use Survey (PRIDE Survey)
- Greater Cincinnati Community Health Status Survey
- Other evaluation & surveillance tools to be determined

## PRIORITY AREA 2: MATERNAL, INFANT, & CHILD HEALTH

### Goal 1: More babies in Hamilton County will celebrate their first birthday.

#### Objectives:

- 1.1 - By June 30, 2020, the pre-term birth rate for Hamilton County will remain stable compared to the 2017 pre-term birth rate. *Baseline: 11 percent*
- 1.2 - By June 30, 2020, the low birth weight birth rate for Hamilton County will remain stable compared to the 2017 low birth weight birth rate. *(Baseline: 10 percent)*
- 1.3 - By June 30, 2020, the number of infant sleep-related deaths for Hamilton County will decrease to 11. *(Baseline: 13)*

Strategies	Lead Agency/Staff	Partners/Resources
a) Identify and connect pregnant women to needed services and agencies; engage community partnerships to accelerate grassroots change; and activate community mobilization around social and environmental determinants that impact health outcomes.	HCPH - Health Promotion and Education (HPE) and Epidemiology Divisions	<ul style="list-style-type: none"> <li>• Ohio Department of Health (ODH) Ohio Equity Institute (OEI) grant funding</li> <li>• ODH Infant Vitality Community Pilot Project funding</li> <li>• Cincinnati Health Department</li> <li>• Cradle Cincinnati / Cradle Connections</li> <li>• Social Determinants of Health (SDOH) Team</li> <li>• OEI Resource Portfolio Partners</li> </ul>
b) Interview families who have experienced a fetal or infant loss to determine barriers and/or gaps to medical care and social support.	HCPH - Epidemiology Division	<ul style="list-style-type: none"> <li>• ODH - MCH grant funding</li> <li>• Cincinnati Children's Hospital Medical Center (CCHMC) Perinatal Division funding</li> <li>• FIMR Case Review Team</li> </ul>
c) Review all sleep-related infant deaths to identify areas of opportunity for early intervention, education, and/or policy change.	HCPH - Epidemiology Division	<ul style="list-style-type: none"> <li>• Child Fatality Review (CFR) Case Review Team</li> <li>• Cincinnati-Hamilton County Community Action Team (CAT)</li> </ul>
d) Participate in Cradle Cincinnati Advisory Board, Mid-West Regional Fetal-Infant Mortality Review (FIMR) conference calls, and Ohio Injury Prevention Partnership (OIPP)-Safe Sleep Committee to align initiatives/leverage resources where applicable.	HCPH - HPE and Epidemiology Divisions	<ul style="list-style-type: none"> <li>• Cradle Cincinnati Advisory Board</li> <li>• Mid-West Regional FIMR</li> <li>• OIPP-Safe Sleep Committee</li> </ul>
e) Engage partner organizations to support infant vitality initiatives among disparate populations.	HCPH - HPE and Epidemiology Divisions	<ul style="list-style-type: none"> <li>• Cincinnati Health Department</li> <li>• Cradle Cincinnati/Cradle Connections</li> <li>• Other partners &amp; resources to be identified</li> </ul>

#### Output/Outcome Indicators:

- # of eligible women identified by Neighborhood Navigators in REDCap
- # of women screened for eligibility by Neighborhood Navigators
- # of referrals or connections made by Neighborhood Navigators
- # of referrals accessed/utilized by women
- # of women of child-bearing age identified (Infant Vitality Pilot)
- # of referrals or connections made (Infant Vitality Pilot)
- # of stakeholders engaged to support Infant Pilot initiative
- # of families interviewed who have experienced a fetal or infant loss
- # of fetal or infant cases reviewed by the FIMR Case Review Team
- # of sleep-related deaths reviewed by the CFR Case Review Team
- # of activities implemented by the Cincinnati-Hamilton County CAT as a result of FIMR and CFR recommendations
- Pre-term birth rate remains stable
- Low birth weight birth rate remains stable
- Decrease in the # of sleep-related infant deaths

#### Monitoring/Evaluation Approach:

- Evaluation strategies outlined within OEI Logic Model
- REDCap
- FIMR Interview Data
- Vital Statistics (Birth/Death records)
- Culturally and Linguistically Appropriate Services (CLAS) Standards Assessment Tool

## Goal 2: A more comprehensive Pediatric Case Management (PCM) Program will be established at HCPH.

### Objectives:

2.1 - By June 30, 2020, a quality improvement project will be completed to identify improvements in the Pediatric Case Management program at HCPH. (Baseline: 0)

Strategies	Lead Agency/Staff	Partners/Resources
a) Assess current state of the PCM program ( <i>Children with Medical Handicaps, Perinatal Hepatitis B, Lead</i> ) at HCPH to determine barriers and resources needed to establish a comprehensive program with qualified staff through a quality improvement project.	HCPH - Administration, Disease Prevention (DP), HPE, Epidemiology (EPI), and Waste Management (WM) Divisions	<ul style="list-style-type: none"> <li>HCPH Performance Management Council (PMC)</li> <li>Community Health Improvement Plan (CHIP) Quality Improvement (QI) Workgroup</li> <li>QI Coaches</li> </ul>
b) Determine desired state of the PCM program ( <i>Children with Medical Handicaps, Perinatal Hepatitis B, Lead</i> ) at HCPH.	HCPH - Administration, DP, HPE, EPI, and WM Divisions	<ul style="list-style-type: none"> <li>HCPH PMC</li> <li>CHIP QI Workgroup</li> <li>QI Coaches</li> </ul>
c) Develop plan to outline strategies for a sustainable and comprehensive PCM program ( <i>Children with Medical Handicaps, Perinatal Hepatitis B, Lead</i> ).	HCPH - Administration, DP, HPE, EPI, and WM Divisions	<ul style="list-style-type: none"> <li>HCPH Health Equity Report</li> <li>CLAS Standards</li> <li>QI Coaches</li> </ul>
d) Pilot the PCM program improvement plan. Analyze results.	HCPH - Administration and DP Divisions	<ul style="list-style-type: none"> <li>CLAS Standards</li> <li>CHIP QI Workgroup</li> <li>QI Coaches</li> </ul>
e) Standardize improvements made to the PCM program.	HCPH - Administration and DP Divisions	<ul style="list-style-type: none"> <li>CHIP QI Workgroup</li> <li>QI Coaches</li> </ul>

### Output/Outcome Indicators:

- # of steps completed in the continuous quality improvement process
- # of staff hired for PCM program (*Children with Medical Handicaps, Perinatal Hepatitis B, Lead*)
- # of staff trained
- Retention rate for staff in PCM program
- # of times PCM program components are led by a different HCPH staff member
- Additional indicators will be selected when strategies are identified

### Monitoring/Evaluation Approach:

- HCPH Human Resources Records
- HCPH Staff Training Database
- HCPH Quality Improvement Project Index
- Ohio State University Center for Public Health Practice Continuous Quality Improvement Tools
- Culturally and Linguistically Appropriate Services (CLAS) Standards Assessment Tool

### Goal 3: A more cost-effective and time-efficient Immunization Program will be established at HCPH.

#### Objectives:

3.1 - By June 30, 2020, a quality improvement project will be completed to identify improvements in the Immunization Program at HCPH. (Baseline: 0)

Strategies	Lead Agency/Staff	Partners/Resources
a) Assess current state of the Immunization Program at HCPH to determine cost-effectiveness and time-efficiency through a quality improvement project.	HCPH - Administration and Disease Prevention (DP) Division	<ul style="list-style-type: none"> <li>• HCPH PMC</li> <li>• CHIP QI Workgroup</li> <li>• QI Coaches</li> </ul>
b) Determine desired state of the Immunization Program at HCPH.	HCPH - Administration and DP Division	<ul style="list-style-type: none"> <li>• HCPH PMC</li> <li>• CHIP QI Workgroup</li> <li>• QI Coaches</li> </ul>
c) Develop plan to outline strategies to improve the cost-effectiveness and time-efficiency of the Immunization Program at HCPH.	HCPH - Administration and DP Division	<ul style="list-style-type: none"> <li>• HCPH Health Equity Report</li> <li>• CLAS Standards</li> </ul>
d) Pilot the Immunization Program improvement plan. Analyze results.	HCPH - Administration and DP Divisions	<ul style="list-style-type: none"> <li>• CLAS Standards</li> <li>• CHIP QI Workgroup</li> <li>• QI Coaches</li> </ul>
e) Standardize improvements made to the Immunization Program.	HCPH - Administration and DP Divisions	<ul style="list-style-type: none"> <li>• CHIP QI Workgroup</li> <li>• QI Coaches</li> </ul>

#### Output/Outcome Indicators:

- # of steps completed in the continuous quality improvement process
- # of Vaccine for Children (VFC) program metrics achieved
- # of clients seen
- Staff time to administer Immunization Program
- Cost to administer Immunization Program
- Additional measures to be identified after pilot

#### Monitoring/Evaluation Approach:

- HCPH Quality Improvement Project Index
- HCPH Time Management System
- HCPH Billing/Financial Systems
- Ohio State University Center for Public Health Practice Continuous Quality Improvement Tools
- Culturally and Linguistically Appropriate Services (CLAS) Standards Assessment Tool

# PRIORITY AREA 3: MENTAL HEALTH & ADDICTION

## Goal 1: Fewer Hamilton County residents will die of opiate-related overdose deaths.

### Objectives:

- 1.1 - From January 2018–December 2020, the age-adjusted unintentional opiate-related overdose fatality rate will not be significantly higher than the rate for the rest of Ohio. *(Baseline: 56.3 per 100,000 - Hamilton County and 41.4 per 100,000 - Ohio)*
- 1.2 - The number of emergency department (ED) visits and 911 dispatches due to overdose will decrease from the period of January 2017–December 2017 to January 2020–December 2020. *(Baseline: ,816 ED and 4,173 911 dispatches)*

Strategies	Lead Agency/Staff	Partners/Resources
a) Review all opiate-related deaths to identify areas of opportunity for early intervention, education, and/or policy change.	HCPH - Epidemiology Division; Harm Reduction Program	<ul style="list-style-type: none"> <li>• Ohio Department of Health (ODH) Prescription Drug Overdose (PDO) grant</li> <li>• Overdose Fatality Review (OFR) Case Review Team</li> <li>• Cincinnati-Hamilton County Community Action Team (CAT)</li> </ul>
b) Provide technical assistance to schools for implementing policy, environmental, or programmatic strategies to address opiate use/misuse <i>(Start Talking Program)</i>	HCPH - Harm Reduction Program	<ul style="list-style-type: none"> <li>• ODH PDO grant funding</li> <li>• Collaborative for Children of Addicted Parents</li> </ul>
c) Provide technical assistance to health care settings regarding standardization of health care protocols to address opiate use/misuse <i>(Narcan distribution, alternative pain management guidelines, Narcan guidelines for Emergency Departments, Detera bags, drug lock boxes, drug drop boxes, providers utilizing OARRS)</i>	HCPH - Harm Reduction Program	<ul style="list-style-type: none"> <li>• ODH PDO grant funding</li> <li>• Narcan Distribution Collaborative</li> <li>• The Health Collaborative</li> <li>• PreventionFIRST!</li> </ul>
d) Provide technical assistance to communities for implementing policy, environmental, or programmatic strategies to address opiate use/misuse <i>(Narcan distribution, Detera bags, drug lock/drop boxes)</i>	HCPH - Harm Reduction Program	<ul style="list-style-type: none"> <li>• ODH PDO grant funding</li> <li>• Narcan Distribution Collaborative</li> <li>• PreventionFIRST!</li> </ul>
e) Participate in the Hamilton County Heroin Coalition (HCHC), HCHC Health Care and Prevention sub-committees, Narcan Distribution Collaborative, and Ohio Injury Prevention Partnership to align initiatives/leverage resources where applicable.	HCPH - Harm Reduction Program	<ul style="list-style-type: none"> <li>• ODH PDO grant funding</li> <li>• HCHC and HCHC Health Care and Prevention sub-committees</li> <li>• Ohio Injury Prevention Partnership</li> </ul>
f) Engage partner organizations to support harm reduction initiatives.	HCPH - Harm Reduction Program	<ul style="list-style-type: none"> <li>• HCHC and HCHC Health Care and Prevention sub-committees</li> <li>• Public Health Advisory Council</li> <li>• Other partners &amp; resources to be identified</li> </ul>

### Output/Outcome Indicators:

- # of individuals trained in Narcan use
- # of doses of Narcan distributed
- # of Detera bags distributed
- % of prescribers utilizing OARRS
- Statistically significant decrease in the # of ED visits and # of 911 dispatches due to overdose
- Unintentional opiate-related overdose fatality rate will not be statistically higher than the rate for the rest of Ohio

### Monitoring/Evaluation Approach:

- REDCap (for Narcan)
- Ohio Automated Rx Reporting System (OARRS) outcomes report
- OARRS pre-/post-survey
- EpiCenter Surveillance System
- OFR data
- Output indicator tracking

## Goal 2: Fewer People Who Inject Drugs (PWID) will contract an infectious disease in Hamilton County.

### Objectives:

- 2.1 - By June 30, 2020, the Hepatitis C incidence rate will not be statistically significantly higher than the baseline. *(Baseline: 201.5 per 100,000)*
- 2.2 - By June 30, 2020, the rate of new HIV infections who are also People Who Inject Drugs among all Hamilton County residents will not be statistically significantly greater than the baseline. *(Baseline: 5.21 per 100,000)*

Strategies	Lead Agency/Staff	Partners/Resources
a) Provide provisions of sterile injection equipment and disposal of potentially infectious sharps for individuals utilizing exchange services.	HCPH - Harm Reduction Program	<ul style="list-style-type: none"> <li>• Cincinnati Health Department</li> <li>• UC College of Medicine</li> <li>• Interact for Health</li> <li>• Caracole</li> <li>• Hamilton County Heroin Coalition</li> </ul>
b) Provide Hepatitis C and HIV testing services for individuals who are exchanging sharps.	HCPH - Harm Reduction Program	<ul style="list-style-type: none"> <li>• Cincinnati Health Department</li> <li>• UC College of Medicine</li> <li>• Interact for Health</li> <li>• Caracole</li> <li>• Hamilton County Heroin Coalition</li> </ul>
d) Provide technical assistance to communities for implementing policy, environmental, or programmatic strategies to address opiate use/misuse <i>(Narcan distribution, Deterra bags, drug lock boxes, drug drop boxes)</i>	HCPH - Harm Reduction Program	<ul style="list-style-type: none"> <li>• ODH PDO grant funding</li> <li>• Narcan Distribution Collaborative</li> <li>• PreventionFIRST!</li> </ul>
<b>Output/Outcome Indicators:</b>		
<ul style="list-style-type: none"> <li>• # of clients</li> <li>• # of new clients</li> <li>• # of syringes exchanged</li> <li>• # of Narcan doses distributed</li> <li>• # of Hepatitis C tests administered</li> </ul>		<ul style="list-style-type: none"> <li>• # of HIV tests administered</li> <li>• # of pregnancy tests distributed</li> <li>• # of treatment referrals</li> <li>• # of medical referrals</li> <li>• # of other referrals</li> </ul>

### Monitoring/Evaluation Approach:

- Ohio Disease Reporting System (ODRS) HIV and Hepatitis C data
- Exchange Project data sets
- Output indicator tracking

**Goal 3: More Hamilton County schools will be aware of resources available to address mental and behavioral health in the school setting.**

**Objectives:**

- 3.1 - By June 30, 2020, the 2019 annual Child Fatality Review report will be disseminated to mental, behavior, public health, and education partners. *(Baseline: 0)*
- 3.2 - By June 30, 2020, recommendations regarding HCPH's role in addressing mental and behavioral health in Hamilton County schools will be developed for senior administration. *(Baseline: 0)*
- 3.3 - By June 30, 2020, 50 percent of HCPH staff will receive training to identify, understand, and respond to signs of mental health and substance use disorders. *(Baseline: 13 percent)*

Strategies	Lead Agency/Staff	Partners/Resources
a) Review all youth suicide-related deaths to identify areas of opportunity for early intervention, education, and/or system-level changes. Develop recommendations and present to the Cincinnati-Hamilton County Community Action Team (CAT).	HCPH - Epidemiology Division	<ul style="list-style-type: none"> <li>• Child Fatality Review (CFR) Case Review Team</li> <li>• Cincinnati-Hamilton CAT</li> <li>• CFR Recommendation Review Team</li> </ul>
b) Collaborate with mental, behavioral, public health, and education representatives to learn about existing mental and behavioral health services available to Hamilton County schools, gaps in services, and barriers to accessing services. Assess HCPH's role in supporting mental health in schools.	HCPH - Administration, Epidemiology, and Health Promotion & Education (HPE) Divisions	<ul style="list-style-type: none"> <li>• Hamilton County Mental Health and Recovery Services Board (HCMHRSB)</li> <li>• Hamilton County Educational Service Center (HCESSC)</li> <li>• Other partners to be identified</li> </ul>
c) Build HCPH staff capacity to identify, understand, and respond to signs of mental health and substance use disorders to foster a more culturally competent workforce.	HCPH - Administration and Workforce Development Workgroup	<ul style="list-style-type: none"> <li>• Cincinnati-Hamilton County CAT</li> <li>• HCMHRSB</li> <li>• Other partners to be identified</li> </ul>
<b>Output/Outcome Indicators:</b>		
<ul style="list-style-type: none"> <li>• Rate of self-directed violence-related injuries among youth</li> <li>• # of HCPH staff trained</li> <li>• # of child suicide-related deaths reviewed by CFR case review team</li> <li>• # of child suicide prevention recommendations provided to CAT by CFR</li> </ul>		<ul style="list-style-type: none"> <li>• # of activities implemented by CAT as a result of CFR recommendations</li> <li>• # of existing mental and behavioral health services available to Hamilton County schools</li> <li>• # of gaps in mental and behavioral health services identified within Hamilton County schools</li> </ul>
<b>Monitoring/Evaluation Approach:</b>		
<ul style="list-style-type: none"> <li>• CFR annual report</li> <li>• Self-Directed Violence Injury Brief</li> </ul>		<ul style="list-style-type: none"> <li>• HCPH staff training database</li> <li>• Output indicator tracking</li> </ul>

# PRIORITY AREA 4: ORAL HEALTH

## Goal 1: More Hamilton County residents will have access to comprehensive oral health care.

### Objectives:

1.1 - By June 30, 2020, a county-wide Oral Health Strategic Plan will be developed to address access to comprehensive oral health care among Medicaid and low-income uninsured populations. *(Baseline: 0)*

Strategies	Lead Agency/Staff	Partners/Resources
a) Establish a Hamilton County Oral Health Coalition focused on improving oral health hygiene and access to comprehensive oral health care among priority and disparate populations.	HCPH - Oral Health Coordinator	<ul style="list-style-type: none"> <li>Hamilton County Board of County Commissioners</li> <li>Hamilton County Indigent Care Levy funding</li> </ul>
b) Develop an Oral Health Strategic Plan with a realistic set of measurable objectives, specific activities, accountabilities, and timelines.	HCPH - Oral Health Coordinator	<ul style="list-style-type: none"> <li>Hamilton County Board of County Commissioners</li> <li>Hamilton County Indigent Care Levy funding</li> <li>Hamilton County Oral Health Coalition</li> <li>Other partners to be identified</li> </ul>
c) Engage partner organizations to support oral health initiatives among priority and disparate populations.	HCPH - Oral Health Coordinator	<ul style="list-style-type: none"> <li>Federally Qualified Health Centers</li> <li>Individual oral health providers</li> <li>Health care systems</li> <li>Other partners &amp; resources to be identified</li> </ul>

### Output/Outcome Indicators:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li># of coalition meeting held</li> <li># of coalition members</li> </ul> | <ul style="list-style-type: none"> <li># of oral health partners</li> <li>Approved plan issued</li> </ul> |
|---|---|

### Monitoring/Evaluation Approach:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Youth Risk Behavior Survey (YRBS)</li> <li>Greater Cincinnati Community Health Status Survey</li> <li>Output indicator tracking</li> </ul> | <ul style="list-style-type: none"> <li>Other local oral health evaluation and surveillance tools to be determined</li> </ul> |
|---|--|



# RESOURCES

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## WEBSITE LINKS


- Cradle Cincinnati – [cradlecincinnati.org](http://cradlecincinnati.org)
- Hamilton County Heroin Coalition – [hamiltoncountyohio.gov/government/open\\_hamilton\\_county/projects/heroin\\_coalition/](http://hamiltoncountyohio.gov/government/open_hamilton_county/projects/heroin_coalition/)
- Hamilton County Oral Health Coalition – [hamiltoncountyohio.gov/government/board\\_of\\_county\\_commissioners/boards\\_and\\_commissions/oral\\_health\\_coalition](http://hamiltoncountyohio.gov/government/board_of_county_commissioners/boards_and_commissions/oral_health_coalition)
- Hamilton County Public Health – [hcph.org](http://hcph.org)
- Interact for Health – [interactforhealth.org](http://interactforhealth.org)
- Ohio Department of Health – [odh.ohio.gov](http://odh.ohio.gov)
- Public Health Accreditation Board – [phaboard.org](http://phaboard.org)
- The Health Collaborative – [healthcollab.org](http://healthcollab.org)
- WeTHRIVE! – [watchustrive.org](http://watchustrive.org)



# THANK YOU!!

Hamilton County Public Health Board of Health  
HCPH Performance Management Council  
HCPH Public Health Advisory Council  
HCPH Community Health Improvement Plan Workgroup  
Other HCPH Staff who contributed to the development of the CHIP

A special thank you for the support and work that you do.  
Your efforts contribute greatly to the improvement of the health  
of Hamilton County residents.



# CONTACT US!

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